

EXHIBIT 8

EDOLPHUS "ED" TOWNS
MEMBER OF CONGRESS
10TH DISTRICT, NEW YORK

COMMERCE
HEALTH AND THE ENVIRONMENT
NATIONAL MEDICINE

FINANCE AND LABOR
MATERIALS

GOVERNMENT REFORM
NATIONAL SECURITY,
VETERANS AFFAIRS AND
INTERNATIONAL RELATIONS

**CRIMINAL JUSTICE, DRUG POLICY
AND HUMAN RESOURCES**

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September 27, 2000

The Honorable Donna E. Shalala
Secretary
The U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Shalala:

We are writing to express our concern about the Administration's planned cuts of Medicare drug payments, which will create hardship for the African-American Medicare beneficiaries suffering from respiratory diseases including asthma, emphysema, bronchitis and chronic obstructive pulmonary disease (COPD).

The September 8, 2000 letter from Nancy-Ann Min DeParle, HCFA Administrator, to Members of Congress detailed HCFA's instructions to its DME regional carriers to radically reduce the average wholesale price (AWP) of certain Medicare reimbursed drugs including albuterol. HCFA excluded cancer and hemophilia drugs to gather more information about appropriate pricing. The reductions made on the remaining drugs were based on Department of Justice (DOJ) Medicaid fraud control unit data. This pricing change directed by HCFA will result in a 66% reduction to the respiratory medication, albuterol. This reduction will effectively force the current Medicare providers of home respiratory medications out of business and eliminate this benefit for the African-American community.

This policy will have a disproportionate and adverse effect on African-Americans with serious respiratory diseases. Please consider the following:

African-Americans have a higher smoking rate than the majority population. Nearly seven million African-Americans smoke in the United States, representing 27% of the adult African-American population. More than 80% of chronic obstructive pulmonary disease is caused by smoking. COPD is the 4th leading cause of death in the United States and occurs predominately in the 65 and over population.

African-American mortality rates from respiratory diseases, particularly for females, are on the rise, according to the National Center for Health Statistics.

African-American Medicare-eligible beneficiaries generally are not able to pay for their medications, and this benefit is essential to their continued health.

AWP039-2762

African-Americans suffering from respiratory diseases will be forced to access healthcare in the most acute and expensive settings the emergency room and hospitalization. Additionally, this unnecessary disruption to the family will create great hardship.

The real-world impact of HOPA's instruction to its DMBRCs is the creation of two distinct classes of Medicare patients receiving medications -- 1) beneficiaries receiving medications excluded by the instructions, and 2) beneficiaries receiving medications affected by those instructions. The latter group will no longer have access to these medications through Medicare, since no provider will be able to supply these products at the new reimbursement levels dictated by this instruction.

HOPA's instruction clearly harms African-American Medicare beneficiaries who need respiratory medications. This will force these beneficiaries to make life choices between food and medication. They cannot afford to pay for these medications at their pharmacy. Therefore, we strongly urge you to rescind this decision immediately and order a careful study into the impact of cuts on patient access and quality of care.

Sincerely,

Ed Lewis

John C. Higgins

Julia Cannon

Elijah F. Turner

Barbara Lee

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